



# Clinic and Hospital Recommendations for Measles Exposures

## Case Isolation

Patients with symptoms compatible with measles should be isolated from others in common areas as soon as possible while they are waiting to be seen by a physician. Patients that are admitted to the hospital should be put into airborne isolation for the duration of the illness.

## Exposed Healthcare Workers

All staff exposed to the case should have their immunization records audited for appropriate immunity.

A person is considered susceptible unless they have:

- documentation of 2 doses of measles vaccine administered at least 1 month apart,
- physician-diagnosed measles, or
- laboratory evidence of immunity.

If susceptible employees are vaccinated within 72 hours of the exposure, measles infection may be prevented. For those in which vaccination is contraindicated, (immunocompromised, pregnant women, and infants less than one year of age) IG can provide some protection. IG should be administered within 72 hours of exposure. The recommended dose of IG is 0.25 ml/kg (0.11 ml/lb) of body weight, with a maximum dose of 15 ml. Susceptible employees, regardless of whether they received vaccine or IG, should not be allowed to work from the 5<sup>th</sup> to the 21<sup>st</sup> day after exposure, and should be monitored for symptoms.

## Exposed Patients and/or Visitors

Anyone who shared a common area with the case should be considered exposed and needs to have their immunization records audited. The healthcare entity in which the exposure occurred should compile a list of all contacts and work with the appropriate local health department to contact and audit the immunization records of all patients and visitors exposed.

## Infection Control and Environmental Cleaning

Negative pressure rooms should remain vacant after a suspected measles case has left until the air has had a chance to completely be exchanged. This length of time is dependent on the air handling system. Rooms without negative pressure should remain vacant for 2 hours after the suspected measles patient has left. While fomite transmission is possible, it is rare, and cleaning potentially infected surfaces with normal disinfectants will suffice.